may assist a clinician through experienced interviewers and with the aid of colposcopy, which provides magnification for a visual examination of the injured genital tissue.

CAROL BERKOWITZ, MD
Torrance, California

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Jaundice in Healthy Newborns—Redefining Physiologic Jaundice

BECAUSE CLINICAL JAUNDICE becomes apparent at serum bilirubin levels of about 5 mg per dl, about 65% of all normal newborn infants appear jaundiced during the first week of life. Although the overwhelming majority of these infants are healthy, the presence of jaundice engenders anxiety in parents and physicians alike, and the management of what in most cases is a "nondisease" is emotionally and financially draining. Most pediatricians follow the advice of standard pediatric texts and do diagnostic investigations to rule out "pathologic" jaundice whenever the bilirubin level exceeds 12 to 12.9 mg per dl.

We studied 2,416 infants admitted consecutively to a well-baby nursery and found that the maximal serum bilirubin concentration exceeded 12.9 mg per dl in 147 infants (6.1%). Jaundice was associated strongly with breast-feeding ($P=.0001$) and the percentage of weight loss after birth ($P=.0001$) as well as maternal diabetes, Asian race, decreased gestational age, male sex, bruising, and the induction of labor with oxytocin. Using logistic regression analysis, we calculated the risk of jaundice for infants with or without these "icterogenic" factors. These calculations permit pediatricians to predict the likelihood of jaundice developing in a particular infant. When many risk factors are present, there is a high probability of jaundice, and, provided the baby is otherwise healthy, it is probably unnecessary, almost always unrewarding, and certainly expensive to do a battery of laboratory tests. On the other hand, we should be wary of a modestly elevated serum bilirubin level in an infant with jaundice who has few or no icterogenic risk factors. This might require further investigation.

Based on the method of feeding alone, the 95th percentile for the maximal serum bilirubin concentration in breast-fed infants is 14.5 mg per dl, whereas it is only 11.4 mg per dl for bottle-fed infants. All other factors being equal, therefore, it should not be necessary to investigate a case of a jaundiced, healthy, breast-fed infant unless the serum bilirubin level exceeds about 15 mg per dl, whereas in a bottle-fed infant such investigations may be indicated if the serum bilirubin level exceeds about 12 mg per dl. Including the other risk factors mentioned above further refines this approach. We need a new definition of what is, and what is not, physiologic jaundice.

M. JEFFREY MAISELS, MD
Royal Oak, Michigan

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AIDS in Schools and Day-Care Centers

AMERICAN CHILDREN younger than 13 years diagnosed with the acquired immunodeficiency syndrome (AIDS) numbered 934 by April 1988. The estimated number of cases in 1991 is 3,000. Many children with AIDS are well enough to benefit from the developmental and educational opportunities of day-care attendance and elementary school education. In addition to the number of children with AIDS are children with the AIDS-related complex and those without symptoms but who are seropositive for antibodies to the human immunodeficiency virus (HIV). Children acquiring HIV in the perinatal period are asymptomatic for an average of six to eight months. Those who acquired the infection before 1985 from a transfusion of blood or blood products have had a mean incubation period of two years. Some have remained asymptomatic for as long as seven years.

The enrollment of these children in child-care settings and elementary schools has raised concern among those providing these services. Child-care and school issues requiring physicians' responses include the communicability of HIV to healthy children and staff, mandatory serologic screening, the potential for secondary infections in children with AIDS, and conflicting obligations to protect privacy and to inform.

Responses to such concerns are based on the current understanding of HIV communicability. The nonsexual household transmission of HIV is rare; the few reported cases involve extraordinary circumstances and poor adherence to hygienic precautions. Not one case of HIV infection has been transmitted in a school or day-care setting. Although HIV has been identified in saliva, tears, and urine, there is no evidence that these fluids are involved in the transmission of the infection.

Casual contact as would occur among children in an elementary school should not be considered a risk for the communicability of HIV. The benefits of unrestricted school attendance to most school-aged children seropositive for HIV outweigh any remote risk of viral transmission. HIV-seropositive infants, toddlers, and older children with subnormal development are more likely to lack control of their body secretions and to practice frequent hand- and object-mouthing behaviors and biting behaviors. These children and HIV-seropositive children with oozing skin lesions hypothetically pose an increased risk to others. For these cases, exclusion from a group program should be decided on a case-by-case basis by qualified persons including the child's physician and a person familiar with the educational setting.

Hygienic practices in day-care centers and schools can contain the spread of infectious diseases and are recommended in the presence or absence of known HIV-infected persons. Child-care personnel and educators can minimize their exposure to HIV by carefully attending to hand washing. In regions with a high prevalence of HIV infection, consideration should be given to protecting open skin lesions and dry, cracked skin with disposable gloves when handling body fluids and excrement. Caution in disposing of soiled towels, diapers, and sanitary napkins must become routine. Soiled surfaces and mops should be cleaned with disinfectants (household bleach diluted 1:10 with water).

Mandatory screening for HIV as a condition for school or day-care enrollment is unwarranted. A physician, not the educational facility, should be responsible for assessing the risk of secondary infection to an HIV-positive child who may be immunosuppressed. Notifying school personnel of a